MOBILE HEALTH TECHNOLOGIES

SAFETY SEEK E.R.S.

SUBMIT

S911 / S911-HC™ User Intake Form

User Information

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____

E-mail: _____

Date of Birth: _____ /_____ /_____

Hidden Key: _____

User Hospital Preference: _____

Additional Information: _____

Geo-Fence

Address to use as center of Geo-Fence:

_____

_____

Distance for radius of Geo-Fence: (check-one)

☐ 50m ☐ 100m ☐ 200m ☐ 500 m

☐ Custom Geo-Fence: Please give distance in meters _____

Emergency Contact Information, in order of notification (please attach additional sheet if needed for up to 5 contacts)

1. Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____

Cell: _____

Work: _____

Additional #: _____

E-mail: _____

Cell Phone Provider: _____

Does this person have a key to residence: Y/N _____

Notes: _____

2. Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____

Cell: _____

Work: _____

Additional #: _____

E-mail: _____

Cell Phone Provider: _____

Does this person have a key to residence: Y/N _____

Notes: _____

3. Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____

Cell: _____

Work: _____

Additional #: _____

E-mail: _____

Cell Phone Provider: _____

Does this person have a key to residence: Y/N _____

Notes: _____

PURPLE BUTTON

Phone # _____

GREEN BUTTON

Phone # _____

BLUE BUTTON

Phone # _____

RED BUTTON

Phone # _____

S-911 BRACELET

SOS BUTTON BOTH DEVICES

SafetyCare™

S-911 PERSONAL

Top Black Button

Phone # _____

Bottom Black Button

Phone # _____

Internal Use Only

Unit type: _____ ***Serial Number(s):*** _____ ***SIM #:*** _____ ***Authorized Partner:*** _____

Please note: By signing below you acknowledge that you have read and agree to all terms and conditions within the S-911 subscriber agreement/user manual. If you do not agree with any of the terms and conditions within the S-911 subscriber agreement/user manual, you are not authorized to use our products. Please contact us at 888.511.7140 with any questions regarding service/device activation.

PRINT OUT & SIGN HERE

Subscriber's Signature: _____ **Date:** _____

INSTRUCTIONS: FILL IT OUT > PRINT IT > SIGN IT > and MAIL, FAX or EMAIL > to SafetySeekERS